



# Improvement Action Plan

## Healthcare Improvement Scotland: Unannounced acute hospital safe delivery of care inspection

University Hospital Crosshouse, NHS Ayrshire & Arran

3-5 May 2022

### Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

**NHS board Chair**

*Lesley M Bowie*

Signature:

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Full Name:

Lesley Bowie

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Date:

20/07/2022

**NHS board Chief Executive**

*Claire Burden*

Signature:

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Full Name:

Claire Burden

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Date:

20/07/2022

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.	<p><b>Action Required:</b> NHS Ayrshire &amp; Arran must ensure that systems and pathways used to direct patients to services are up to date with accurate information documenting where and how care is best provided.</p> <p><b>Action Planned:</b> We will review the redirection ED pathways.</p>	1 <sup>st</sup> October 2022	<p>UHC Site Director</p> <p>Supported by: General Manager (Emergency Care)</p> <p>Unscheduled Care Programme Manager</p>	<p><b>Immediate action taken:</b> Existing pathways held by the navigation centre are active and in place. Staff awareness directed to these.</p> <p><b>What next:</b> A first meeting to review this is planned for mid-August 2022</p>	
2.	<p><b>Action Required:</b> NHS Ayrshire &amp; Arran must ensure that people in hospital are treated with privacy and dignity, and that all patients have suitable access to facilities to meet their hygiene needs.</p> <p><b>Action Planned:</b> There is a full documentation audit currently underway in the Emergency Department.</p> <p>A preadmission personal record chart will be developed to ensure patients within the unit,</p>	1 <sup>st</sup> October 2022	<p>UHC Site Director &amp; Chief Nurse (UHC)</p> <p>Supported by: General Manager (Emergency Medicine); Clinical Nurse Managers - ED and CAU</p>	<p><b>Immediate action taken:</b> Decongestion plan for the acute setting in place with health board and IJB executive sponsorship.</p> <p><b>What next:</b> Audit underway to assessment document compliance</p>	

	who have yet to be formally assessed, have their needs met.			Actions and progress to be mapped via the Unscheduled care group	
3.	<p><b>Action Required:</b> NHS Ayrshire &amp; Arran must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care including where additional beds or non-standard care areas are in use. The NHS board must ensure they address all of the issues raised and improvements are made and maintained.</p> <p><b>Action Planned:</b> We will create a specific risk assessment for patients who stay in the SDEC area of CAU overnight.</p> <p>Risk assessments of all other non-standard clinical areas used for patient placement will be reviewed to ensure all areas raised are addressed.</p> <p>We will review the Full Capacity Protocol (FCP) patient selection checklist, and map this to the FCP. Any identified gaps will be addressed.</p>	<p>1<sup>st</sup> October 2022</p> <p>1<sup>st</sup> October 2022</p> <p>1<sup>st</sup> October 2022</p>	<p>UHC Site Director &amp; Chief Nurse</p> <p>Supported by: All General Managers &amp; Clinical Nurse Managers (UHC)</p>	<p><b>Immediate action taken:</b> Full capacity protocol policy in place with expected practice included.</p> <p>Focus on real time information capture by bed managers to ensure any patient moves in this policy are recorded.</p> <p><b>What next</b></p> <p>The review and refinement of the FCP will continue with the appropriate risk assessments as required.</p> <p>Actions and progress to be mapped via the Unscheduled care group</p>	
4.	<p><b>Action Required:</b> NHS Ayrshire &amp; Arran must ensure that staff are trained and knowledgeable in fire safety and are able to provide care and support in a planned and safe way when there is an emergency or unexpected event.</p>		<p>UHC Site Director; Chief Nurse (UHC) &amp; Head of Estates</p> <p>Supported by: Fire Safety Team</p>	<p><b>Immediate action taken:</b> Mandatory training review of staff records complete, and staff required for training identified.</p>	

<p><b>Action Planned:</b> From now until the end of October 2022 the remaining staff who have not yet completed the mandatory fire safety awareness training (either in person or via Learnpro) will be supported to do so. Compliance figures will be reviewed by clinical management staff on a monthly basis, identifying any areas of low compliance, and supporting them to improve.</p> <p>A programme will be developed in partnership with Fire safety colleagues and clinical staff for Walk Through / Talk Through (WTTT) training for all staff within the Combined Assessment Unit. This will commence in August 2022. The 31<sup>st</sup> December deadline is a 100% target for the longer term rolling project to ensure this is embedded.</p> <p>Update the UHC Fire &amp; Emergency Evacuation Procedure for In-patient areas.</p>	<p>31<sup>st</sup> October 2022</p> <p>31<sup>st</sup> December 2022</p> <p>30<sup>th</sup> June 2022</p>		<p><b>What next:</b></p> <p>To date 66.9% of CAU staff have completed the annual MAST requirement to undertake fire safety awareness training.</p> <p>During May 2022, the fire safety team visited the CAU four times and provided and provided seven – 30 minute Walk Through / Talk Through training sessions for staff.</p> <p>A training calendar for the team has been developed by the Head of Estates which will formally commence in August 2022. There is, in addition, an informal agreement between the CAU and the fire safety team to conduct additional training sessions within the CAU where needed.</p> <p>Senior team members are fire trained.</p> <p>Fire/Evacuation procedure documents: <b>Complete</b></p>	<p>30<sup>th</sup> June 2022</p>
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5.	<p><b>Action Required:</b> NHS Ayrshire &amp; Arran must ensure that care and comfort rounding charts are consistently completed and within the timeframes with actions recorded.</p> <p><b>Action Planned:</b> As part of the Human Factors review for documentation within NHS A&amp;A care rounding charts will be reviewed.</p> <p>Monthly education sessions for Healthcare Support Workers (HCSW) and Registered Nurses will continue with a key focus on documentation.</p> <p>Care Assurance Tool (CAT) will be revised to ensure all aspects of Care Rounding are addressed and associated action plans are developed where areas for improvement are identified.</p> <p>A rolling programme of assurance audit will be scheduled from September 2022.</p>	<p>31<sup>st</sup> October 2022</p> <p>30<sup>th</sup> September 2022</p> <p>30<sup>th</sup> September 2022</p>	<p>Chief Nurse (UHC)</p> <p>Supported by: Chief Nurse (Excellence in Care and Professional Development); QI Lead Nurse (Excellence in Care); All CNM's (UHC)</p>	<p><b>Immediate action:</b> Rounding charts and good practice agreed with nursing teams and put in place</p> <p><b>What next:</b> Human Factors documentation review commenced May 2022.</p> <p><b>Complete</b> To ensure embedded learning this will continue on a monthly basis.</p> <p>Extended dates are to monitor and review outcomes for progress and assurance</p>	
6.	<p><b>Action Required:</b> NHS Ayrshire &amp; Arran must ensure that all staff remove single use personal protective equipment immediately after each patient care activity and/or the completion of a procedure or task in line with the National Infection Prevention and Control Manual.</p>		<p>UHC Site Director</p> <p>Supported by: Chief Nurse (UHC)</p>	<p><b>Immediate action taken:</b> Good practice information re-provided and appropriate PPE available for all staff.</p>	

	<p><b>Action Planned:</b> The IPCT have a programme of work underway to raise awareness of several IPC topics including the use of PPE. Clinical areas have been presented already with a resource pack to support the implementation of learning.</p> <p>Staff will be reminded at ward safety briefs for the next month on the importance of the correct use of PPE (e.g. gloves are off campaign). This will be the 'Focus of the Month'.</p>	<p>11<sup>th</sup> July 2022</p> <p>31<sup>st</sup> August 2022</p>		<p><b>Action Complete</b> Resource packs have been distributed to all wards within UHC. Supports continues to be provided at ward level by the IPCT as required.</p>	
7.	<p><b>Action Required:</b> NHS Ayrshire &amp; Arran must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance.</p> <p><b>Action Planned:</b> Hand Hygiene remains one of the SICP's that require wards to report quarterly compliance, in line with the SICP Annual Audit Programme for 2022-23. Any areas of concern will be identified, and improvement actions put in place were required.</p> <p>We will assign two members of staff who will be trained and deemed competent to undertake hand hygiene training, and audit of Hand Hygiene. The numbers of staff trained and audit results will be shared with the SCN; CNM and Chief Nurse, who will progress any improvements as required.</p>	<p>1<sup>st</sup> September 2022</p>	<p>UHC Site Director &amp; Chief Nurse (UHC)</p> <p>Supported by: All CNM's (UHC); Chief Nurse (Excellence in Care and Professional Development)</p>	<p><b>Immediate action taken:</b> good practice revisional information put in place and profile of hand hygiene raised</p> <p><b>What next:</b> Hand hygiene audit in place and will remain ongoing as part of BAU</p>	

8.	<p><b>Action Required:</b> NHS Ayrshire &amp; Arran must ensure the environment is maintained to allow effective decontamination.</p> <p><b>Action Planned:</b></p> <p>Complete the project development work within the agreed Capital Plan (FY22-23).</p> <p>Meet regularly with Infrastructure &amp; Support Services colleagues (eg Estates, Clinical Support, Capital Planning) to discuss issues related to the built environment.</p> <p>To create an internal communication reminding all wards and departments on the importance of good housekeeping and to ensure circulation spaces within clinical areas are free of excess equipment.</p>	<p>31<sup>st</sup> March 2023.</p> <p>31<sup>st</sup> August 2022.</p> <p>31<sup>st</sup> August 2022.</p>	<p>UHC Site Director</p> <p>Supported by: Head of Capital Planning &amp; Head of Estates.</p>	<p>Immediate action taken: Decongestion programme commitment by Health Board and System partners. The urgency and need to close 'non-core wards' to take these wards out of operations is a system commitment.</p> <p>A schedule of 3 day and 7 day intensive decongestion events have been planned throughout the remainder of the year.</p> <p>The first communications planning and outcome review meetings will commence before the end of August 2022.</p>	
9.	<p><b>Action Required:</b> NHS Ayrshire &amp; Arran must ensure they have systems in place to assure themselves that essential maintenance works are completed to the correct standard and any risks to patients and staff are identified and managed.</p> <p><b>Action Planned:</b> To create an internal communication reminding all wards and departments on the importance of reporting safety issues to the Estates</p>	<p>31<sup>st</sup> August 2022.</p>	<p>UHC Site Director</p> <p>Supported by: Head of Estates</p>	<p><b>Immediate action taken:</b> System wide decongestion programme commitment. Closing wards that are not fit for purpose will enable works to be completed to plan.</p> <p>The delivery of the decongestion programme is reviewed weekly through the Right Sizing our Hospitals Group, and</p>	

	Maintenance electronic portal when identified within the healthcare built environment.			<p>executive group lead by the Director of Acute Services.</p> <p><b>What next:</b></p> <p>The estates work plan is held and reviewed by the UHC site director and Head of estates.</p>	
10.	<p><b>Action Required:</b> NHS Ayrshire &amp; Arran must ensure care and support is provided in a planned and safe way and the care provided is responsive to patients' needs.</p> <p><b>Action Planned:</b> Care Assurance Tool (CAT) will be revised to ensure all aspects of care and documentation are addressed and associated action plans are developed where areas for improvement are identified. This tool will encompass all elements of the OPAH Standards.</p>	30 <sup>th</sup> September 2022	<p>Chief Nurse (UHC)</p> <p>Supported by: All CNM's (UHC); Chief Nurse (Excellence in Care and Professional Development)</p>	<p><b>Immediate action taken:</b> Decongestion programme commitment as explained above.</p> <p><b>What next:</b></p> <p>Audit and continuous improvement cycles in place with weekly reviews on progress to decongest the acute hospital sites.</p> <p>Embedding good practice will continue as BAU</p>	

11.	<p><b>Action Required:</b> NHS Ayrshire &amp; Arran must review their systems and processes to ensure a consistent approach to clearly recording staffing decisions, escalations and mitigations.</p> <p><b>Action Planned:</b> ICU have implemented the critical care real time staffing tool on TURAS. Two wards are now testing the adult in-patient real time staffing tool hosted on TURAS. This will capture staffing decisions, escalations and mitigations. Pending evidence of successful testing, it is anticipated that this will be adopted across the site. In the interim a local spreadsheet is being used on a daily basis to capture the aforementioned staffing information.</p>	11 <sup>th</sup> July 2022.	<p>UHC Site Director Chief Nurse (UHC)</p> <p>Supported by: All CNM's (UHC)</p>	<p>Immediate action taken: all wards providing information regarding their staffing levels on a daily basis. The information is held centrally and provides a site wide status of staffing. This is interim but in place.</p> <p><b>What next: move to an electronic reporting status</b></p> <p>Wards 4A, 4E are continuing to pilot this new approach for adult inpatient wards.</p> <p><b>Longer term:</b> develop and roll out the real time staffing tool</p>	
12.	<p><b>Action Required:</b> NHS Ayrshire &amp; Arran must ensure that systems and processes are in place to identify, assess, manage and effectively communicate any patient safety risks throughout the organisation.</p> <p><b>Action Planned:</b> A review of the Hospital Safety huddle is currently being undertaken. This is examining all aspects including huddle process; capturing</p>	31 <sup>st</sup> August 2022	<p>UHC Site Director</p> <p>Supported by: AND (Acute Services); Chief Nurse (UHC)</p>	<p><b>Immediate action taken:</b> Daily huddles already in place and safety concerns mapped into that process. Every meeting requests that members raise concerns for safety and these concerns are captured in the daily records. Every day these concerns are assessed</p>	

	<p>concerns; recording of information, subsequent actions and feedback mechanisms. Changes will be made following this robust review.</p> <p>A review of the quality and safety leadership walk rounds process will be undertaken.</p> <p>Quality and safety leadership walk rounds including non-executive Board members will recommence Sept 2022.</p> <p>Gemba walk rounds to be reintroduced by UHC senior management team.</p> <p>Regular meetings / drop in sessions will be introduced with the Chief Nurse UHC; Chief Nurse (Excellence in Care and Professional Development); and Associate Nurse Director (Acute Services) for all staff to attend. As well as visibility in clinical areas this will support staff to further develop ideas for improvement.</p> <p>Ask me anything Sessions with the CEO will continue as an opportunity for all staff to openly interact with the CEO.</p>	<p>30<sup>th</sup> June 2022</p> <p>1<sup>st</sup> September 2022.</p> <p>30<sup>th</sup> September 2022.</p> <p>30<sup>th</sup> September 2022.</p>	<p>Chief Nurse (Excellence in Care and Professional Development);</p>	<p>and reviewed for action and/or closure.</p> <p>The audit trail of this process is held by the site management team</p> <p><b>Complete</b></p> <p>Executive leadership walk rounds (which began pre-pandemic) have continued, providing staff the opportunity for open and transparent discussion with senior Board leaders.</p> <p>The wellbeing suites have been established for staff to share openly any concerns they have and can be directed to where concerns can be raised.</p> <p>The executive team have started weekly 'ask me anything sessions also. Offering a drop in session on both hospital sites every week where staff can raise concerns.</p>	
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				Senior site leadership teams have site walkabouts in their roles also. Visible leadership is a health board commitment in 2022/23.	
13.	<p><b>Action Required:</b> NHS Ayrshire &amp; Arran must ensure that patients are provided with the right care, in the right place, at the right time.</p> <p><b>Action Planned:</b> There is an ongoing programme and further planning in place and commenced for focused 'discharge without delay' 3 day events until the end of November 2022. This includes collaborative working between acute and partnership colleagues. The aim of these events is ultimately to right size the footprint and place the right patient in the right place, first time.</p>	31 <sup>st</sup> December 2022	UHC Site Director  Supported by: Chief Nurse (UHC)	Immediate action taken: Decongestion programme commitment is a recurrent theme in this plan as it is key to unlocking patient congestion issues throughout the hospital. As resources have been spread too thinly the average length of stay has gone up from 8 to 11 days. Working as a system to reduce this will enable the hospital to close the ward areas that need to be closed, which in turn will release staff and staffing levels will improve. This is a very high profile project for our system and is part of our pre-winter planning to position ourselves as well as possible for winter 2022/23	